

REQUEST FOR PRIORITY CALIBRATION

THE FOLLOWING CALIBRATION IS REQUIRED ON A PRIORITY BASIS:

1. Date of Request: 2. Date Equipment Needed: 3. Calibration Due Date:

4. ECN: 5. Manufacturer:

6. Model:

7. Serial Number:

8. Equipment Description:

9. Name of Program/Project/Test Being Impacted:

10. Justification:

11. Requestor/Organization Code:

12. Requestor Phone Number:

13. Division Manager's Signature/Organization Code:

14. Technical Monitor Approval:

15. Action Taken:

16. Calibration Completed On Time: ☐ Yes ☐ No

17. If No, Explain Why:

18. Remarks:

19. Supervisor's Signature:

20. Date:

REQUESTOR

ET01

CALIBRATION FACILITY